

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
January 21, 2015 - 9:00 am to 3:30 pm
United Way Conference Center, Room F
1111 9th Street, Des Moines, Iowa
MEETING MINUTES

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Amber Lewis
Kenneth Briggs Jr.	Craig Matzke
Jim Chesnik (phone)	Sally Nadolsky
Jackie Dieckmann	Tammy Nyden (phone)
Jim Donoghue	Lori Reynolds (phone)
Julie Hartman	Brad Richardson (phone)
Gary Keller (phone)	Jim Rixner
Anna Killpack	Joe Sample
Sharon Lambert (phone)	Kathy Stone (phone)
Todd Lange (phone)	Lisa Wunn

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Kris Graves	Dennis Sharp
Julie Kalambokidis	Gretchen Tripolino
Donna Richard-Langer	Kimberly Wilson
LeeAnn Russo	Ann Wood
Christina Schark	

OTHER ATTENDEES:

Theresa Armstrong	MHDS Bureau Chief for Community Services & Planning
Kyle Carlson	Magellan Health Services
Connie Fanselow	DHS, MHDS, Community Services & Planning
Ellen McGinnis-Smith	Iowa Department of Education
Robert Schlueter	DHS Iowa Medicaid Enterprise, Bureau Chief
Andria Seip	DHS Iowa Medicaid Enterprise, Affordable Care Project Manager

Committee Meetings - Time was available for committees and workgroups to meet from 9:00 am to 10:00 am.

Welcome and Introductions - Teresa Bomhoff called the meeting to order at 10:05 am and led introductions. Eleven members were present and seven members were connected by phone. After a short discussion, two more members joined and quorum was established with twelve members present and eight participating by phone.

Approval of Minutes – Craig Matzke made a motion to approve the minutes as presented. Julie Hartman seconded the motion. The motion passed unanimously, with eight members voting by phone.

NOMINATIONS COMMITTEE REPORT – Amber Lewis reported for the Nominations Committee. There are currently openings on the council for: one individual in recovery, one parent of a child with SED, and two “other” persons interested in mental health services. The committee received and reviewed three applications for membership:

- Kathleen Goines is a Certified Peer Support Specialist from Villisca. Dennis Sharp has known her for several years and went through the Iowa Peer Support Training Academy with her. He highly recommends her for membership. She would qualify for the adult in recovery position that is open and she also checked the family member category.
- Marlene Jessop is a parent of three adopted special needs children ages 15, 12, 10. She is from Ottumwa, where she works at the community mental health center as an IHH family support specialist. Marlene included her resume and a good letter of support from the IHH with her application. She is also African American, so she would bring some needed diversity to the Council. She would be a good fit for the parent of a child with SED opening.
- Jennifer Vitko is from Ottumwa. She has a background as a mental health and substance use counselor and case manager, has been a county CPC, and is currently the CEO of the South Central Behavioral Health Region. Jennifer included a long letter of interest with her application, but did not specify a membership category. She would be a good fit for one of the “other” positions that are open.

The committee recommends approving membership for:

- Marlene Jessop as a parent of a child with SED
- Kathleen Goines as an individual in recovery
- Jennifer Vitko as an “other” person interested in mental health services

Craig Matzke made a motion to approve the three new members as recommended by the Nominations Committee. Ken Briggs seconded the motion. The motion passed unanimously, with eight members voting by phone. Teresa will contact the new members to welcome them to the Council and Connie Fanselow will send them new members forms and information. There is one remaining opening for a member in the “other” category.

MONITORING & OVERSIGHT COMMITTEE REPORT – The Monitoring and Oversight Committee presented the latest draft of their recommendations. This draft was sent to Council members prior to the meeting and they were asking to review it and identify the specific recommendations they would prioritize.

Discussion of recommendations:

- All of the recommendations are things that are needed, so may want to prioritize based on what fits best to be funded through the block grant
- Look at things that do not have another source of funding available
- Kognito suicide prevention training is currently available to school staff and others across the state
- The Department of Education is working with the Area Education Agencies with the idea of creating regional therapeutic schools and hopes to start a pilot project this spring

Ellen McGinnis Smith said that a DoE group took a trip to North Carolina and is looking at a model out of Washington State that is based on trauma informed care principles. She said that they have interviewed AEA directors and urban special education directors throughout state and found that the need is universal. Tammy Nyden suggested talking to PMICs about how many of the children they serve could be served at home through a therapeutic school, and looking at how juvenile justice involvement could be avoided for minor offenses. Anna Killpack said that school was biggest issue for son and he would not be at home if he did not have access to the therapeutic school. Sharon Lambert said her grandson was barred from going to public school and sent to an alternative school, but did not get the intervention and support he needed; he was institutionalized for several years and did not get the education he should have had.

- Rather than recommending the use of Block Grant funds for something the Dept. of Education is working on, it might be better to have discussions and support their efforts
- There could be ways the Block Grant could help incentivize the process and get it moving
- It is important to let people know that schools need to address mental health issues; individual stories would be helpful
- As kids get into middle and high school, IEP supports are often scaled back and they are not supported as well as they were; kids who cannot handle the stresses drop out

Jim Rixner suggested that the Council focus on looking several years out and think about prioritizing one program for children and one for adults.

- For children, it was suggested to identify a way for CMHCs to support therapeutic schools in coordination with the DoE
- For adults, it was suggested to prioritize mental health training for law enforcement and first responders

After further discussion, the Council reached consensus on three priorities:

1. Mental health training for law enforcement, first responders, emergency room physicians and staff

2. Collaborate with the Department of Education to facilitate the development of regional therapeutic schools throughout the state
3. Support the development of a statewide peer support workforce

The remaining recommendations will be included in the document without any order of prioritization.

Motion and Vote - Craig Matzke made a motion to approve the draft with the priority changes described above. Jackie Dieckmann seconded the motion. Kathy Stone abstained from the vote. The remaining members all voted to approve the motion. Connie Fanselow will incorporate the changes voted on into the current draft document and send it out to Council members for a final view.

IOWA HEALTH AND WELLNESS PLAN – Andria Seip and Bob Schlueter from the Iowa Medicaid Enterprise, presented an overview and update on implementation of the Iowa Health and Wellness Plan. They shared a handout with members of the Council. The plan includes two programs: The Iowa Wellness Plan and the Marketplace Choice Plan.

Iowa Wellness Plan - The Iowa Wellness Plan is an Iowa Medicaid program that covers adults ages 19 to 64. Eligible member income is at or below 100 percent of the Federal Poverty Level (\$11,490 for individuals or \$15,510 for a family of two). Members can choose a provider from the statewide Medicaid provider network and are able to get care from local providers. The plan includes a comprehensive set of benefits models after the state employee health insurance package and currently has over 1500 primary care case managers.

Eighty-eight of Iowa's 99 counties offer the primary care case management (PCCM) program. Meridian, the HMO (Health Maintenance Organization), is available in 36 counties. More than 85,000 Medicaid members are now enrolled in the Iowa Wellness Plan.

When IHAWP began about 50,000 of 70,000 former Iowa Care members met the income requirements for one of the two programs and were auto enrolled. A total of about 120,000 people are now enrolled in the plans.

Four ACOs (Accountable Care Organizations) have signed up to provide services within the Iowa Wellness Plan:

- Unity Point Health Partners
- University of Iowa Health Alliance
- Broadlawns Medical Center
- Iowa Health Plus (which is comprised of several Federally Qualified Health Centers (FQHCs))

Bob said they are working to align their ACO structure with Wellmark and Medicaid. The ACO model seeks to push the payment structure into a more value-oriented

approach. The emphasis is on getting people into the services they need proactively rather than having them visit emergency rooms, require inpatient psychiatric treatment, or other more intensive services.

ACOs are paid based on incentives related to outcomes. The payment structure for ACOs values care coordination and structures to support better outcomes for people over expensive ER re-admissions. It provides a financial incentive to keep people healthier over a financial incentive to provide more services. If a person continues to bounce in and out of the emergency room over time, eventually a payment cap will be reached and the hospital will no longer continue to be paid.

Jim Rixner commented that it has been difficult to enroll and re-enroll integrated health homes (IHH) clients and he is seeing more and more people denied access because they have not re-enrolled. Andria responded that the 12 month re-enrollment is a federal requirement, so it cannot be waived, but IME is working to make it a smoother process. Medicaid members are asked to review their application and make any changes. Income eligibility needs to be reviewed. Jim said he thought it would be better if people could be re-certified rather than having to re-apply. Andria said that since this was the first time, some of the issues will be resolved as members and providers gain more awareness and a better understanding of the process.

Iowa Marketplace Choice Plan - The Iowa Marketplace Choice Plan covers adults age 19 to 64 with income from 101 percent through 133 percent of the Federal Poverty Level (between \$11,491 and \$15,282 for individuals or \$15,511-\$20,628 for a family of two). The Marketplace Choice Plan allows members to get health care coverage through select insurers with plans on the Health Insurance Marketplace. Medicaid pays the premiums of the health plan for the member. Members get care from providers approved by the health plan. Currently the Marketplace Choice Plan has about 26,000 enrollees.

The year started with two insurance providers, Coventry and Co-opportunity, for members to choose. Medicaid paid the premiums and cost sharing amounts so coverage was free to members during 2014. Co-opportunity pulled out and IME made the decision to allow former Co-opportunity members and new members to choose between enrolling in either Coventry or the Iowa Wellness Plan. That meant working with CMS (the Centers for Medicare and Medicaid) to amend Iowa's waivers to allow people to continue to have those options. Other commercial options have been reviewed, but the only Market Place plan for 2015 is Coventry. IME has tried to make the transfer seamless for people, but also to make sure they have a choice in providers. At the time Co-opportunity pulled out, there were about 10,000 moved onto the Iowa Wellness Plan.

Medically Exempt - Medical exemption is defined at the federal level. Individuals who are considered medically exempt must be given the option of enrolling in the regular State Medicaid Plan or the Iowa Wellness Plan. Medically exempt individuals are those who have disabling mental disorders, chronic substance use disorders, serious and

complex medical conditions, or physical, intellectual, or developmental disabilities that significantly impair their ability to perform one or more activities of daily living. Individuals who have a determination of disability from the Social Security Administration are considered medically exempt.

Persons who are medically exempt receive services through the Medicaid State Plan. They can complete a self-attestation, be referred by a provider, or be identified through a screening process. The State Plan provides access to services that are not covered or are covered but limited under commercial plans. Once established, the medically exempt status follows them and they do not need to re-apply. Currently, 16,785 members have been identified as medically exempt. Of that total, 7333 were identified through member survey, and 9400 through provider referral.

Dental Services – Dental services are provided through the Dental Wellness Plan offered through Delta Dental. The program began May 1, 2014. Andria said there has been good success in signing up providers to be part of the program. It is a tiered program that encourages members to take an active role in their own oral care. If a member engages in preventative activities, they can move to a higher tier and will have coverage for more restorative services. About 32,000 people have accessed dental services through the program. Sixty-three percent have had diagnostic and preventative services and 41% have had oral risk assessments completed. There is no cost to the individual for receiving services through the Dental Wellness Plan.

In the past, access to Medicaid dental services has been a problem because of low reimbursement rates and limited numbers of providers. The Delta Dental rates are higher than the Medicaid rates, and that has had a big impact on the availability of providers. About 25% of members have accessed dental services. Preventive, emergency, and stabilization services are covered. Members can earn additional benefits for restorative services by building healthy dental care behaviors.

Transportation – An extension of the waiver for Non-Emergency Medical Transportation services has been requested and feedback from stakeholders and partners has been collected. CMS has approved the waiver through July 2015.

Healthy Behaviors Program - For members with incomes from 50 to 100% of FPL who do not complete healthy behaviors activities, there is a \$5 contribution. For members with incomes from 100 to 133% of FPL who do not complete healthy behaviors activities, there is a \$10 contribution. If the member completes a wellness exam and a health assessment in the first year, premiums are waived for the year. The health risk assessment can be completed online at AssessMyHealth.com or by phone through Iowa Medicaid Member Services.

During the first 12 months of the IHAWP healthy behaviors program, more than 32,100 members completed a wellness exam, more than 29,400 completed a health risk assessment, and more than 16,800 completed both. That is about 30% of members. In comparison, in 2013 only 5.5% of the Iowa Care population completed wellness exams

and only 5.3% of regular Medicaid State Plan members completed wellness exams. Jim Rixner commented that he thinks the IHH program is largely responsible for the improvement. He said he is hopeful that people who have been dying much earlier than they should will begin living longer and healthier because they have better access to primary health care.

Bob said that part of the phased in approach to managed care and ACOs will be identifying what metrics are needed to determine if people are receiving high quality care. Social factors, poverty, and other determinates need to be considered to identify how many measures are needed and what measures are going to be reliable across different communities.

More information on the Iowa Health and Wellness Plan is available at:
<http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan>

Teresa Bomhoff asked if there was any update on the RFP for non-emergency medical transportation. Andria and Bob responded that the evaluation process is going on this month and the evaluation team will be forwarding their recommendations to the Directors on January 30. The announcement of the award is scheduled for February 13.

A break for lunch was taken at 12:20 p.m.

The meeting resumed at 1:15 p.m.

DHS/MHDS REPORT – Theresa Armstrong updated the Council on DHS and MHDS activities.

Block Grant – Block grant contracts with the community mental health centers for 70% of the block grant funds all went into place on October 1. Those contracts run on the federal fiscal year. CMHCs are doing some new things with their allocations. Some are providing care coordination for the non-Medicaid population and will use funds to cover the costs for psychiatrists and other medical professionals to attend care coordination meetings, and will be assisting individuals in applying for medical coverage. Some are using block grant funds for evidence based and promising practices, such as Parent-Child Interaction Therapy (PCIT), and EMDR (Eye Movement Desensitization and Reprocessing).

Block Grant contacts for use of the 25% funds include:

- Multi-occurring capacity - Continuation of the co-occurring and multi-occurring needs work. The contract with Zia Partners ends in March and there will be a new procurement process. An RFP will be issued and a new contract for \$200,000 will be signed with the successful bidder. DHS hopes to have the new contract in place within a few months after the end of the current contract.

- Peer support – A new contract for a peer support training initiative will be in place soon. The successful bidder is the University of Iowa's Center for Child Health Improvement and Innovation. Deb Waldron and Vicki Miene will be providing leadership. They have been doing coaching and mentoring for children's health homes and were involved in the original systems of care project in northeastern Iowa. The contract is not yet in place but negotiations should be completed soon. The principle goal will be to lay out the process and provide the resources for training individuals and providers. The contract will provide about \$500,000 per year building the web-based training infrastructure and providing the training. It will be statewide, and include supervisor training. Having one organization in charge of leading the effort statewide will make it possible to tap into national experts when needed.

Craig Matzke commented that there are existing web-based training systems that could be tapped into to add mental health or peer support training resources rather than creating new systems. Theresa said the IACP (Iowa Association of Community Providers) runs the College of Direct Support (CDS) for home and community based providers in Iowa and there may be opportunities to partner with them.

- OCA – The Office of Consumer Affairs will continue to be funded at \$150,000.
- TAC – The Technical Assistance Collaborative is still providing technical assistance to workgroups and conducting research. The amounts for their services have been going down since they began their involvement during MHDS redesign, but they are still very helpful in giving us a national perspective.
- CDD – The University of Iowa technical assistance contract is for about \$300,000 annually. It provides support for the Planning Council, the MHDS Commission, and the Olmstead Consumer Task Force, employment initiatives, and research.
- Stipends – About \$20,000 is available to cover stipends for individuals to attend statewide mental health conferences.

The total for the 25% contracts is about \$850,000 to \$900,000.

Additional 5% - SAMHSA (Substance Abuse and Mental Health Services Administration) is making an extra 5% of block grant funding available for prevention. Iowa's amount will be about \$185,000. It is to be used to serve people experiencing a first episode of psychosis or serious mental illness and is intended to prevent that episode from progressing into a lifelong level of disability that can result. There is a program called RAISE (Recovery After an Initial Schizophrenia Episode) developed by the National Institute on Mental Health (NIMH) for this purpose. Eyerly Ball in Des Moines has had experience with a RAISE team. Iowa will be identifying two teams within CMHCs in the state. Children and young adults would be the target group. The federal funds will pay for training and other things that cannot be funded through Medicaid or other means.

Julie Hartman said that her daughter was in the Eyerly Ball program for a year. They worked on helping her become self-reliant, acquiring healthy behaviors, and learning how to manage illness. Julie said she is now 25, working, and doing very well.

Justice involved - Teresa Bomhoff asked if some funding will be available for justice involved services. Theresa Armstrong responded that several of the MHDS regions are talking about or developing jail diversion or other justice related services. Jim Rixner commented that mental health courts are very effective in keeping people from having repeat offenses and jail terms that lead them into state prison rather than into the mental health treatment they need.

Teresa Bomhoff noted that the Block Grant Committee will begin meeting with Laura Larkin next month to develop Iowa's next block grant application. She encouraged all Council members to read the current application because it provides a comprehensive picture of mental health services in Iowa.

Medicaid Modernization - Theresa Armstrong noted that it has just been announced that an RFP will be released pursuant to the Governor's initiative for Medicaid Modernization. This represents a change to using a managed care approach. Very little information can be released at this time because the RFP is still being developed. It should be released about March 1 and a contract should be in place to start providing services through managed care organizations by January 1, 2016. Theresa noted that there are a number of other states that already have managed organizations delivering their Medicaid services. It will include medical, mental health, transportation, community support, and long term care services.

Waiting lists - Theresa said there will be a bill introduced in the legislature. Several years ago rules were put in place for the Intellectual Disabilities (ID) Waiver to change to a statewide waiting list and apply prioritization to individuals on the waiting list. Other waiver waiting lists have not been subject to prioritization. Legislation would change the Iowa Code to allow for a triage process to be used in all the other waivers. Most states use such a process for all waiver applicants.

Report from CMH Coalition – Tammy Nyden reported on the work of the NAMI Iowa Children's Mental Health Committee. They have been pulling together a coalition, which now has 30 members and have developed detailed recommendations for implementation of a children's mental health system. The participants include advocacy groups, non-profits, consumers, families, social workers, doctors, law enforcement officials, mental health professionals, and state agency representatives. They have identified four main issues:

- Health care
- Safety
- Education
- Social wellness

The first steps will be putting everything together into one document to review and evaluate, and then determine the next steps. Tammy said she will share information with the Council members. Teresa Bomhoff said that the ultimate goal is to come up with an outline for a children's mental health services system. Tammy said that some things will require legislation or state agency action, but much can be done by private organizations or others working together in the community. Subcommittees are being formed, but are not yet meeting. They are still in the process of building the coalition.

Legislative Priorities Report – Teresa Bomhoff shared a one-page handout, “Summary of Legislative Priorities” from multiple organizations. It lists eight key priority areas:

1. Mandating and funding core and core plus services domains
2. Building workforce capacity
3. Establishing stable long term funding for the MHDS regional system
4. Creating a legislative workgroup to review the HCBS Waiver system
5. Creating a legislative workgroup to identify a framework and model for a children's mental health and disability services system
6. Establish an income tax credit for retrofitting a primary residence to accommodate a disability
7. Increase rental assistance for affordable housing
8. Prevent injuries

Teresa said she has talked to about 25 legislators about these recommendations so far and will be giving a presentation on the 28th to the Senate Human Resources Committee and on February 18 to the Health and Human Services Appropriations Subcommittee. Jim Rixner urged all Council members to talk to their local lawmakers.

Workforce Capacity Report - Teresa Bomhoff said she has sent all the files from the workforce capacity report to the Legislative Services Agency (LSA) to create a pdf of the entire report. It will be posted on the legislative website, probably in committee documents. The report was developed by working with 15 different groups of mental health professionals and asked them to identify two things that could be done to move more members of their profession into the workforce as quickly as possible. Teresa said that she has been able to identify only 310 mental health prescribers in the state for about 180,000 Iowans who have a serious mental illness. There are about 6200 primary care physicians who would benefit from more training in mental health treatment and prescribing.

Identified needs included:

- More training funds and more locations for training
- An entity devoted to building the workforce
- A specific loan forgiveness program for mental health professionals (existing programs have not resulted in attracting any mental health professionals)

Teresa also shared a five-page handout with information from the workforce report. Their recommendations include:

- Double the money going to existing programs, which would be about \$1 million more
- Make insurance companies more accountable
- Establish a floor for reimbursements
- Require prior authorization of emergency/urgent medications within 24 hours (rather than 72) for public and private insurance
- Require non-emergency pre-authorization within 15 days
- Require insurance companies to cover the same core service domains that regions are required to fund
- Allow certified or licensed providers
- Ensure a full continuum of care
- Comply with mental health parity
- Provide access to wrap around services for non-Medicaid eligible persons
- Expanding the J1 visa program, which would not require additional funding

STATE AGENCY UPDATES

Social Services - Jim Chesnik had no report.

Corrections – Gary Keller was not present to report.

Housing – Amber Lewis was not present to report.

Education - Ellen McGinnis Smith reported that there will be a free workshop at the DoE Learning Supports Conference on April 22, which may be of interest. Sara Daniels from Wisconsin will be talking about behavior, mental health, and trauma. Also, on April 23, Dr. Read Sulik from Minneapolis will present a half-day on anxiety in children and a half day on depression.

Medicaid – No additional report.

Aging – Joe Sample introduced D.J. Swope, who has just joined IDA and will be working within the mental health and aging arena. D.J. said she has worked with family services with the National Guard for the last 13 years. She also has experience with crisis and trauma connected to domestic violence and sexual assault. She has a BA in psychology and criminology and is currently finishing her master's degree in social work and family therapy at the University of Iowa. She said she has devoted her last 18 months of study the needs of caregivers who work with people who have disabilities, mental health issues, or dementia.

D.J. just joined the Department on Aging four days ago. She will be working on the dementia capability grant with a focus on testing the no wrong door/Life Long Links system and finding out if people can really find and access the resources they need. Joe said that Life Long Links is a way for people to access information in multiple ways, including a toll-free phone number and a website. Iowa has three data bases:

COMPASS, I4A Family Caregiver, and 211. They have all been used for years. IDA is negotiating a contract with Harmony, a vendor to migrate the existing data into one new data base to consolidate aging and disability related resources. Veterans' supports will be included as well. Harmony has experience in mapping resources and provides services in 30 other states. They will be starting with I4A to migrate data and will then work with the U of I to migrate COMPASS data. The 211 data is not up to date and not very useful. Joe added that ASK Resource Center is also a key partner.

Joe was asked how IDA will maintain the integrity of the information and keep it updated. He said there will be an entity or entities contracted with to do that and providers may be able to update their own information. The funding ends September 25, so the system has to be up and running prior to that date.

Joe said IDA also has a grant for a sustainability project. They will need to project the cost for keeping up with the data base and will have a consulting firm pulling together community forums to gather info on what is needed.

Teresa Bomhoff noted that NAMI has a new Homefront program for military families that is similar to their Family to Family program.

Public Comment - Julie Hartman said she has been going thru Polk County response team training. Response teams are very reliant on volunteers and a lot of work and responsibility is placed on them. Even though they play a critical role, there is often no funding to pay for their training or provide supports for them. She said we should be thinking proactively, to include first responders as paid members of regional mobile crisis teams, and to make sure they have the care and support they need.

The meeting was adjourned at 3:30 p.m.

Minutes respectfully submitted by Connie B. Fanselow.